

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000003135

**FILED**  
**Jan 20, 2010**  
**Secretary of State**

**Entity Name:** NORTHEAST FLORIDA SOCIETY OF HEALTH-SYSTEM PHARMACISTS, INC.

**Current Principal Place of Business:**

2304 KILLEARN CENTER BLVD., SUITE A  
TALLAHASSEE, FL 323083524

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 551139  
JACKSONVILLE, FL 32255 US

**New Mailing Address:**

**FEI Number:** 59-3440980

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BETTMAN, GERALD S  
233 EAST BAY STREET  
1027 BLACKSTONE BLDG.  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PPD  
Name: ROCKWELL, AMY  
Address: 12044 DIAMOND SPRINGS DRIVE  
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: TD  
Name: SHAMI, NADIA  
Address: 2909 DISCOVERY WAY  
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: P  
Name: STAFFORD, LAUREN  
Address: 1559 SUMMERDOWN WAY  
City-St-Zip: ST. JOHNS, FL 32259 US

Title: PE  
Name: BENEDICT, LAURA  
Address: 10357 ARROW LAKES DR EAST  
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NADIA SHAMI

TD

01/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date